

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

13 Dec., 1948
Date

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. The records pertaining to Unknown X-²⁹7B, Plot L,
Row 6, Grave 107, USMC Blossville France have been
reviewed and it is the opinion of this office that insufficient evidence
is available to establish the identity of this deceased, and that these
remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by
letter of transmittal No. 2105, dated 3 Dec., 1946. No
further information is available.

FOR THE COMMANDING GENERAL:

/s/George L. Freeman
/t/ 1st Lt. JMC
Actg Asst Adj Gen

Received 31 DEC 1948 QQMG
Not identifiable from
information presently
available

NAT
31 DEC 1948
JMC

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George A. Freeman
GEORGE A. FREEMAN
1st Lt J.C.
Actg Asst Adj Gen

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Incl #9

1		Interred 2 April 1949 B-14-3 USMC St Laurent		DISINTERMENT DIRECTIVE	
		C. H. HIEMSTRA 1st Lt, Inf, Interring Officer		DIRECTIVE NUMBER 3508 00000	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DATE		15 11 47 DAY MONTH YEAR	
NAME		SERIAL NUMBER		RANK	
UNKNOWN		UNKNOWNX-000078		0	
CEMETERY		DISPOSITION OF REMAINS		DATE OF DEATH	
BLOSVILLE - CARENTAN		0 3505 80 CODE DIST. PT.		DAY MONTH YEAR	
PLOT		ROW		GRAVE	
L		6		107	
COUNTRY		CAUSE OF DEATH		6	
FRANCE					
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
SAINT LAURENT, FRANCE (BY ADMINISTRATIVE ORDER)					
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER		RANK	
UNKNOWN		X-000078		Utd	
DATE OF DEATH		DATE DISTINTERRED			
Utd		16 Dec 47			
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN		Utd	
				IDENTIFICATION VERIFIED BY	
				R.G. Davis, 2 Lt 3/A NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
Sheet			Beyond recognition		
OTHER MEANS OF IDENTIFICATION					
None					
MINOR DISCREPANCIES /					
None					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY		EMBALMER (Signature)	
10 Feb 48		Jack B. Wall		Jack B. Wall	
CASKET SEALED BY		CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY	
Jack B. Wall		DATE 10 Feb 48 BY H.B. Albert		Charles J. Missigman	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<p style="text-align: right;">  Charles J. Missigman SIGNATURE OF GRV INSPECTOR </p>					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

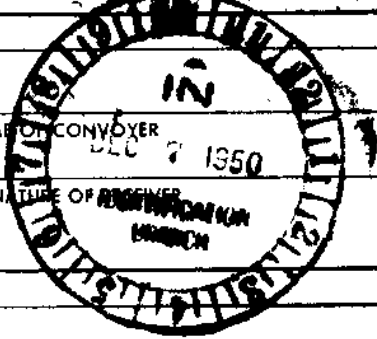
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM USMC Blossville		TO Casketing Point B - St Laurent	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Michael Strange	
SIGNATURE OF SHIPPER <i>J. F. Randall</i> J. F. Randall, Capt QMC	DATE 9 Feb 48	SIGNATURE OF RECEIVER <i>D. A. MacKenzie</i> D. A. MacKenzie, Capt Inf	DATE 9 Feb 48

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
 WD QMC Form 1012)

Unknown X - **78**
 Cemetery **Bleuville, France**
 Plot **L** Row **6** Grave **107**

1. ~~Reprocessed~~ **Reprocessed 28/10/46**
(hour) (date)
2. Place of death
(name of closest town) (coordinates and letter Prefex, maps)
- (Sheet, scale and serials used)
3. Remains ~~reprocessed~~ disinterred by **Subordinate Identification Point, Carentan (France)**
(name and organization)
4. Evacuated to Cemetery by
(name and organization)

5. **Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).**

	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
Item			
*Headgear none <small>(type)</small>			
Raincoat none			
Overcoat none			
Jacket, Field none			
Jacket, Combat none			
Mackinaw none			
Sweater none			
Jacket, HBT none			
*Shirt, Wool OD none			
Undershirt, Wool none			
Undershirt, Cotton none			
Trousers HBT none			
*Trousers, Wool OD none			

Belt, Web **none**

Drawers, Wool **none**

Drawers, Cotton **none**

Leggins, Wool **none** (Note unusual lacing) **none**

Socks, Cotton **none**

*Shoes (type) **none**

Overshoes **none**

Web Equipment (Type) **none**

(Other item) **Bath towel marked ; "Comodore Hotel"**

(Other item) **Body wrapped in G.I. blanket and other CD blanket, not G.I.**
*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia **none**
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **none**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

utd

8. Description of Remains :

Age **utd** Height **utd** Weight **utd** Description of wounds **utd**

Bandages or dressings **utd** Scars **utd**
(length, width, location)

Tattoos **utd**
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks **utd**
(yes-no ; description, location)

Sunburn or tan, other than hands & face **utd**

Complexion **utd**
(light, med. dark, clear, pimples, poeks, freckles)

Build **utd**
(large, fat, thin, muscular)

Hair **utd**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **utd**
 (baldness, widows peak, distinctive cutting or other characteristics)

Sideburns **utd** Mustache **utd** Beard or **utd**
 (color, setting, shape) (color, size, shape) (length, heavy)

Goatee **utd**
 (light, color, extent)

Eyes **utd** Eyebrows **utd**
 (color, setting, shape) (color, bushiness, extent across nose)

Nose **utd** Ears **utd**
 (size, shape, straight) (size, set close to or far from head)

Mouth **utd** Lips **utd**
 (large, medium, small) (small large, full)

Teeth **utd**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract)

Chin **utd**
 (prominent, receding, pointed, dimple, double)

Jaw **utd** Circumference of head in inches **utd**
 (large, small, normal) (hat band)

Neck **utd** Larynx **utd**
 (size, length, short, normal, wrinkled) (prominent, normal)

Shoulders **utd** Arms **utd**
 (broad, straight, small, rounded) (length, muscular, color)

utd
 (extent and quantity of hair)

Hands **utd**

Fingers **utd**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

utd
 (Unusual characteristics of fingernails)

Chest **utd**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **utd** Navel **utd**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

utd Circumcision **utd** Pubic hair **utd**
 (quantity & color of hair) (yes-no) (color)

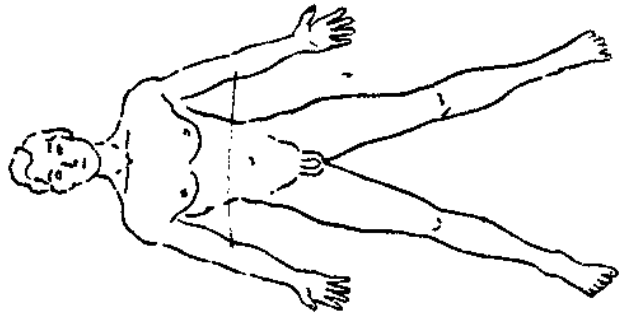
Hernioplasty **utd**
 (yes-no; location)

Legs **utd**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet ntd Toes ntd
(size, corns, callouses, flat) (slender, straight, crooked, overlap)

Evidence of healed fractures ntd
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery : **see attached chart**



10. Have fingerprints been placed on Report of Interment no
(yes-no)

If not, explain no hands

11. Has tooth chart been prepared no If not, explain
(yes-no)

no head

12. Remarks : **Body fully decomposed, only a few badly fractured bones remain. No clothing. Fluorescope not necessary because just few bones remain. Est. weight of remains recovered 10 lbs. Nothing found to warrant chemical laboratory examination.**

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Robert A. Salvador

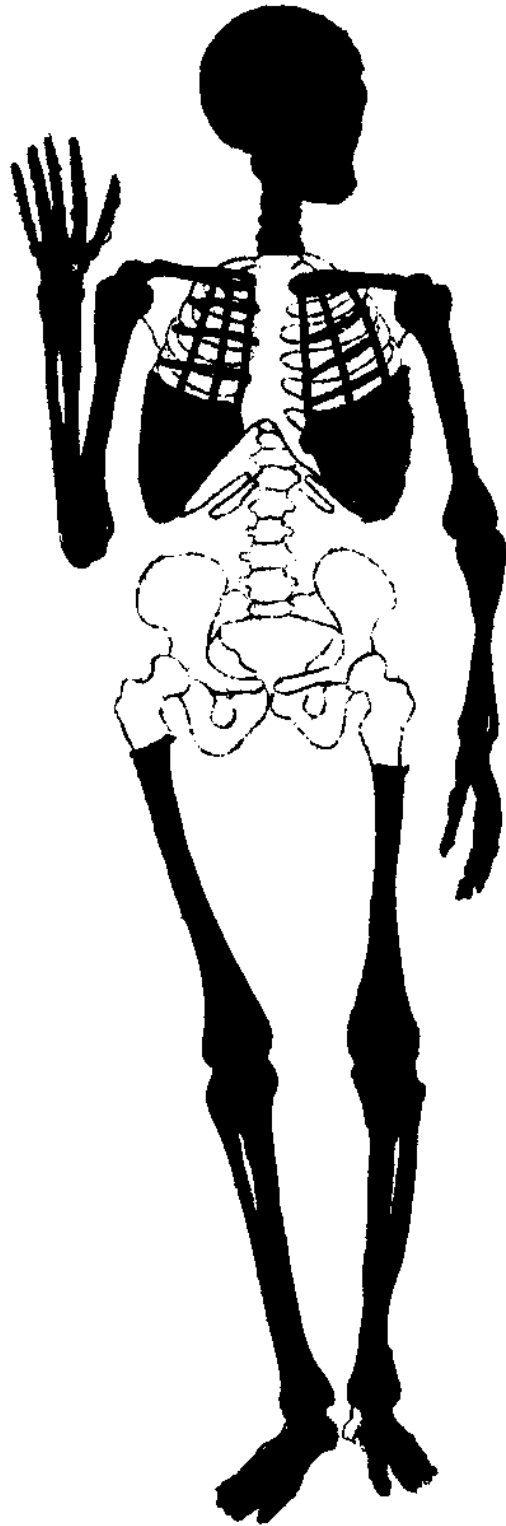
Robert A. Salvador h.l.
Officer's Name

Captain
Rank Service

Central Identification Point
Organization

X-78

Biesville Cemetery
Plot L Row 6 Grave 107



RESTRICTED
REPORT OF BURIAL
TM 10-630 AND AR 30-1815

21854

Date 21 July 1944

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<u>UNKNOWN X - 78</u>		<u>Unknown</u>	<u>Unknown</u>
Last Name	First	Rank	Serial No.
<u>Unknown</u>		<u>TANK CORPS</u>	
Unit		Organization	
<u>France</u>	<u>Unknown</u>	<u>KIA</u>	
Place of Death	Date of Death	Cause of Death	
<u>21 July 1944</u>	<u>Blosville</u>	<u>France</u>	
Time and Date of Burial	Name of Cemetery	Name or Coordinates of Location	
<u>107</u>	<u>L</u>	<u>Cross</u>	
Grave Number	Row Number	Type of Marker	
	<u>6</u>		

Disposition of Identification Tags: Buried with body Yes No Attached to Marker Yes No

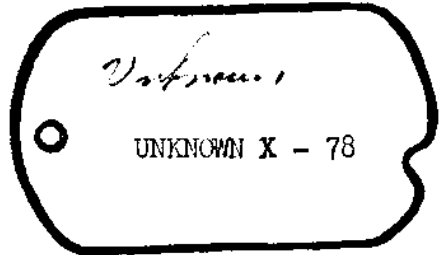
If No Identification Tags How were remains identified? **BODY BURNED BEYOND RECOGNITION: RECOVERED FROM TANK (DRIVERS SEAT) SHIPMENT NO OF TANK 46530 Yellow Black Yellow**
REMAINS RECOVERED AT RJ 34.8 - 78.6

What means of identification were buried with the body?
GRS FORM # 1

To determine Right or Left use **Deceased's Right and Left.**

Who is buried on:	<u>UNKNOWN X - 79</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>108</u>
Deceased's Right:	Name	Serial No.	Rank	Organization	Grave No.
Deceased's Left:	<u>Grgurich, Edward</u>	<u>35022675</u>	<u>Pvt</u>	<u>4th Armored.</u>	<u>106</u>
	Name	Serial No.	Rank	Organization	Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Unknown Name
Address

Religion Unknown

List only Personal Effects Found on Body and disposition of same:

NONE

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Signature of Officer or other person reporting burial
[Signature]
Capt., GRC Verified by G.R.S. Officer

